PTO/SB/22 (09-06)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006			Docket Number (Optional) 04504/100M693-US2	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				
Application Number	09/617,566-Conf.	#8355	Filed	July 17, 2000
For CONTACT-KILLING ANTIMICROBIAL DEVICES				
Art Unit 1616			Examiner	N. S. Levy
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
		<u>Fee</u>	Small Entity Fee	!
One month	(37 CFR 1.17(a)(1))	\$120	\$60	\$
× Two month	s (37 CFR 1.17(a)(2))	\$450	\$225	\$ 225.00
Three months (37 CFR 1.17(a)(3))		\$1020	\$510	\$
Four months (37 CFR 1.17(a)(4))		\$1590	\$795	\$
Five months (37 CFR 1.17(a)(5)) \$2160		\$1080	\$	
X Applicant claims small entity status. See 37 CFR 1.27.				
X A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this application to a Deposit Account.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100 . I have enclosed a duplicate copy of this sheet.				
I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
X	x attorney or agent of record. Registration Numbe		48,487	
attorney or agent under 37 CFR 1.34.				
Registration number if acting under 37 CFR 1.34				
/Lydia Gayle Olson/			November 30, 2006	
Signature			Date	
Lydia Gayle Olson			(212) 527-7700	
	Typed or printed name			one Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) ere required. Submit multiple forms if more than one signature is required, see below.				